WEST Search History

DATE: Tuesday, September 30, 2003

Set Name side by side	Query	Hit Count	Set Name result set
DB=USPT,PGPB,DWPI; PLUR=YES; OP=ADJ			
L19	L18 and l3	0	L19
L18	6525102.pn.	2	L18
L17	l15 and L16	17	L17
L16	l3 same l13	102	L16
L15	l2 same L13	65	L15
L14	l4 and L13	279	L14
L13	l7 or l9 or l10	856	L13
L12	l7 or l9 or l10	856	L12
L11	l7 and l9 and L10	433	L11
L10	anti near3 cd20	685	L10
L9	antibodies near3 cd20	614	L9
L8	l4 and L7	262	L8
L7	anti cd20	653	L7
L6	l4 and L5	343	L6
L5	cd20	1565	L5
L4	l2 and L3	1515	L4
L3	non-hodgkin	3694	L3
L2	interleukin 2 or il-2	18698	L2
L1	ilterleukin 2 or il-2	12992	L1

END OF SEARCH HISTORY

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(FILE 'HOME' ENTERED AT 09:45:46 ON 30 SEP 2003)

FILE 'BIOSIS' ENTERED AT 09:45:56 ON 30 SEP 2003

L1	19486	S	NON-HODGKIN
L2	48766	S	INTERLEUKIN-2
L3	31130	S	IL-2
L4	55731	S	L2 OR L3
L5	328	S	L1 AND L4
L6	1693	S	ANTIBOD? AND CD20
L7	8	S	L5 AND L6

L7 ANSWER 5 OF 8 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. on STN
AN 2001:320129 BIOSIS
DN PREV200100320129
TI Phase II study of combination immunotherapy with **interleukin-2** (**IL-2**) and Rituximab in patients with relapsed or refractory follicular **non-Hodgkin**'s lymphoma (NHL.
AU Friedberg, Jonathan W. (1); Neuberg, Donna; Gribben, John G. (1); Canning, Christine (1); Daley, John F. (1); Kuhlman, Caroline; Koval, Margaret (1); Donovan, John (1); Soiffer, Robert J. (1); Freedman, Arnold S. (1)
CS (1) Adult Oncology, Dana-Farber Cancer Institute, Boston, MA USA
SO Blood, (November 16, 2000) Vol. 96, No. 11 Part 1, pp. 730a-731a. print. Meeting Info.: 42nd Annual Meeting of the American Society of Hematology San Francisco, California, USA December 01-05, 2000 American Society of Hematology
. ISSN: 0006-4971.
DT Conference
LA English
SL English
AB Rituximab has significant, albeit limited, activity as a single agent in patients with relapsed follicular NHL. The mechanism of rituximab primarily involves complement fixation, and **antibody**-dependent cell mediated cytotoxicity (ADCC) through NK cells, macrophages and T-cells. Increases in the number and cytolytic activity of effector cells with cytokines like **IL-2** might be one strategy to enhance the efficacy of rituximab. In this study, we treated 16 patients with a combination of low dose subcutaneous **IL-2** (aldesleukin), 1.2 MIU/m2 daily for 56 days, and rituximab 375 mg/m2 on days 15, 22, 29 and 36. All patients (median age 48) had advanced stage relapsed or refractory follicular NHL. Patients had received a median of 2 prior chemotherapy regimens, and 4 patients had relapsed post ABMT. The vast majority of the toxicities were minimal, and associated with the rituximab infusions. 2 patients had grade 3 hypersensitivity reactions to the first rituximab infusion. 2 patients, both post ABMT, required red cell transfusions. 3 patients required **IL-2** dose modifications, 2 for thrombocytopenia, and 1 for headaches. All patients completed therapy, and there were no deaths. Of 13 patients evaluable for response 6 weeks after completion of **IL-2**, 8 (62%; 90% CI35-83%) had a partial response and 2 had stable disease. In 8 evaluable patients, the median percentage of CD56+ lymphocytes at baseline was 21 (range 2-27). After 4 weeks of **IL-2**, CD56+ lymphocytes increased significantly in all patients (p=0.01) to a median of 39% (range 22-47). This increase was sustained above baseline at completion of therapy in all patients (p=0.0001). The percentage of **CD20+** cells decreased in all evaluable patients one month after study entry compared to baseline. PCR for the bcl-2/IgH gene rearrangement was informative at baseline in 9 patients, and follow-up PCR evaluation of blood and bone marrow is ongoing. In conclusion, the combination of low dose **IL-2** and rituximab is a well-tolerated, outpatient regimen exhibiting a high response rate and significant immunological activity. Further evaluation of combination immunotherapy with cytokines and rituximab is warranted to improve therapeutic efficacy in patients with B-cell NHL.

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